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ABSTRACT

The Executive Committee and the Subcommittee on Adolescent Pregnancy Prevention were charged to develop and provide leadership to implement a state plan to reduce adolescent pregnancy in Wisconsin. Both the negative outcomes for adolescent parents and their children and the cost to society are at issue. This document serves as a first step to identify what works, what needs to be done, and who needs to be involved. Included in section 1 are the introduction, vision and mission statements, guiding principles, goal, considerations and "asset building." Section 2, "Defining the Issues," deals with the consequences and costs of adolescent childbearing, and factors linked to adolescent pregnancy. Section 3, "Toward a Shared Responsibility," includes recommendations for parents and family, youth, schools and education, community organizations, faith-based organizations, business and employers, health care community, media and public information, and government. Areas of special concern (subsequent pregnancies, child abuse and neglect, sexual abuse and statutory rape) are highlighted. The plan concludes with a position statement. The appendices include results of the town hall listening sessions, a framework of 40 developmental assets for youth, pregnancy and birth statistics, and a statement on human growth and development. (EMK)

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Brighter Futures

The Wisconsin Plan to Prevent Adolescent Pregnancy

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BRIGHTER FUTURES

THE WISCONSIN PLAN TO PREVENT ADOLESCENT PREGNANCY

Developed By

The Executive Committee on Adolescent Pregnancy Prevention
and
The Subcommittee on Adolescent Pregnancy Prevention

Prepared By
The Department of Health and Family Services

In Partnership With
The Department of Workforce Development

January, 1998

Copies of the complete plan are available on the Internet at:

www.dhfs.state.wi.us/newsinitiatives/index.htm

THE WISCONSIN PLAN TO PREVENT ADOLESCENT PREGNANCY

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State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

January 30, 1998

The Honorable Tommy G. Thompson
Governor of Wisconsin
115 East State Capitol
Madison, WI 53702

Dear Governor Thompson:

It is with pleasure that we submit to you *The Wisconsin Plan to Prevent Adolescent Pregnancy, Brighter Futures.* We would like to thank you for the opportunity to work on this very important plan for Wisconsin.

The complex nature of adolescent pregnancy touches all Wisconsin populations and communities. It is both our responsibility and in our best interest to provide the opportunity for all Wisconsin's children to succeed and achieve maximum self-sufficiency.

While most of Wisconsin's children succeed, many teen parents do not fare so well. Some of them drop out of school, live a life of poverty, go on welfare, and have dim futures. Their children are at greater risk for health problems, school failure, to be abused or neglected, to grow up in poverty, to become adolescent parents themselves, or to be incarcerated.

This plan has a goal of reducing adolescent pregnancy rates by 15 percent from 1995 rates by the year 2001. While parents bear the primary responsibility for their children, solutions will depend on the concerted effort of all affected parties, and on creative public policies and community level practices that support children and families. It will require the wise investment of public and private resources and the commitment of time and attention from all of us.

We believe that when this plan is implemented, we will significantly reduce adolescent pregnancy in Wisconsin. We are committed to this plan because we believe in Wisconsin's youth and we know you do as well.

Sincerely,

Joe Leean, Co-Chair
Linda Stewart, Co-Chair
Adolescent Pregnancy Prevention Executive Committee

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THE WISCONSIN PLAN TO PREVENT ADOLESCENT PREGNANCY

SECTION I: INTRODUCTION

The Executive Committee and the Subcommittee on Adolescent Pregnancy Prevention were established in April of 1997. Their charge was to develop and provide the leadership to implement a plan to reduce adolescent pregnancy in Wisconsin that would assist Wisconsin in meeting the federal requirement under Temporary Assistance to Needy Families (TANF).[1] The committees were also charged with overseeing the development of the Wisconsin plan and application for the Federal Abstinence Education Grant, which promotes abstinence before marriage, with a focus on those groups which are most likely to bear children out-of-wedlock.

The Governor and Co-chairs are greatly concerned about the consequences of adolescent pregnancy for the adolescent parents, particularly the mothers, and for their children, both in terms of negative outcomes for them and the cost to society. According to a recent study, the gross annual national cost of adolescent child bearing and the entire web of social problems that confront adolescent parents, particularly the mothers, that ultimately lead to the poorer and sometimes devastating outcomes for their children, is calculated to be an astounding $29 billion.[3]

Secretary Joe Leean of the Department of Health and Family Services and Secretary Linda Stewart of the Department of Workforce Development, Co-Chairs of the Executive Committee, share Governor Thompson's goal that all Wisconsin children will have the opportunity to succeed and to achieve maximum self-sufficiency.

Each year more than one million U.S. teenagers become pregnant -- 11% of all women aged 15 - 19 and 22% of those who have had sexual intercourse become pregnant[2]

This document is only the first step toward reducing adolescent pregnancy in Wisconsin. It identifies what works, addresses what needs to be done and who needs to be involved. But like any other plan, the key to success lies in the implementation of the plan.

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[1] If states want TANF funding, they are required by the Personal Responsibility and Work Opportunity Act of 1996 to submit a State Plan which provides numerical goals and a focus on unwed pregnancy reduction for calendar years 1996 through 2005.

[2] Henshaw, S.K., research note in Family Planning Perspective

[3] Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing, *Kids Having Kids*

To that end, the Subcommittee working in partnership with the newly constituted state Interagency Prevention Coordinating Committee will draft an action plan that will be submitted to appropriate state agency heads by August of 1998. Its success will depend on broad ownership and action at both community and state levels. We strongly encourage all local communities to assess themselves against the plan and develop local strategies for implementation based on that assessment. In addition, it is critically important that all local, state and national public policy and laws support families and protect our children.

MISSION

The vision and mission of the Subcommittee reflect a belief in all of Wisconsin's children, a hope for the future and the need for a plan that is comprehensive in nature, community based, builds on the assets and resiliency of young people, and addresses risk factors. The subcommittee adopted the five guiding principles that apply to all programs funded by the Bureau of Public Health Maternal and Child Health Section. These principles, developed with broad stakeholder involvement, communicate the core values upon which the plan and the strategies to reduce adolescent pregnancy are based.

Vision Statement

The Wisconsin Community is committed to ensuring that every child has the opportunity to grow into a healthy, resilient and self-supporting adult. This includes the right to have a healthy family, a supportive community, a quality education and the opportunity to view him or herself as a valuable person.

Mission Statement

Adolescent males and females will successfully navigate the passage to adulthood pregnancy free through Wisconsin's development and implementation of a state-wide plan which helps communities and families support adolescents, by building assets and resiliency and reducing risk factors in teens' lives.

THE GOAL

Through the implementation of this plan, by the year 2001, Wisconsin expects to achieve a 15% decline from the 1995 pregnancy rate for females age 19 and under. The 1995 rate is 50.7 pregnancies per thousand. The goal of a 15% reduction would result in a rate of 43.1.[4] It should be clearly understood that the standard upon which this plan is based is one of abstinence. The message that must be communicated to all Wisconsin youth is one of abstinence.

Subgoals

Increase the percentage of youth that choose abstinence. (As measured by the Department of Public Instruction's Youth Risk Behavior Survey (YRBS)[5]

For those youth that do not choose abstinence, increase the consistent and correct use of contraception. (As measured by the YRBS) While we would like teens to remain abstinent, just as we know that abstinence is the surest way to prevent pregnancy, we know that all teens will not be abstinent. We cannot ignore that fact.

In 1995, there were 7,110 births to teen mothers, which accounted for 10% of the total births in Wisconsin[6]

CONSIDERATIONS

In developing this plan to reduce adolescent pregnancy in Wisconsin, the Subcommittee combined current research findings with their practical experience. Town hall meetings were held around the state to gain community input[7].

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[4] Birth rates are commonly used for comparison purposes because that is what the federal government provides and uses. This plan uses pregnancy rates for its goal. For comparison purposes, this plan also uses birth rates. Pregnancy rates are an estimate based on the number of live births, reported fetal deaths and reported induced abortions. It is estimated that about 50% of pregnancies result in a birth, 36% in abortion and 14% in miscarriage.

[5] The Youth Risk Behavior Survey is a study that is done by the Department Instruction at a randomly selected number of public high schools. It covers a variety of areas of teen risk behaviors and assets.

[6] Wisconsin Infant Births and Deaths, Center for Health Statistics, DHFS

[7] See appendix for information about Town Hall meetings.

Woven throughout the plan are values/beliefs the Subcommittee applied in the development of this plan. The Subcommittee on Adolescent Pregnancy Prevention believes that:

- Males need to be held to the same level of accountability for adolescent pregnancy as females. Too often, public perception and opinion deal only with females. It is important to emphasize joint responsibility.

- The connection between sexual abuse and early sexual activity, frequently leading to pregnancy, is clear. Many teen moms are victims who have been preyed upon by adult males. Aggressive action must be taken both by sending a clear message that this will not be tolerated and ensuring that the laws put into place to protect our children are enforced.

- Prevention plans can no longer be based on singular issues, especially those that are youth focused. Youth who are sexually active and are at risk for teen pregnancy are likely to be engaging in other high risk behaviors as well.

- Parents and families are a primary influence in their children's decisions regarding sexuality. However, the whole community-- both the public sector and the private sector must work in partnership with families in solving the problem of adolescent pregnancy. Solutions need to be community-based, comprehensive in nature, and consistent with local needs assessments.

- Rape, including statutory rape, and sexual abuse require immediate and direct victim services.

- Adolescent pregnancy must not be addressed solely as a cause, but rather as a symptom. There are risk factors and linkages, which are not of children's making, that are causal factors and/or predictors of an increased likelihood that a male or female youth will be a partner in an adolescent pregnancy.

- Many effective programs are currently operating in Wisconsin. We need to measure the outcomes of all programs and as new programs are developed, they should build on those programs that work.

- A comprehensive approach, starting when children are infants, is necessary. First time parent home visitor models need to be provided with the goal of producing positive, measurable outcomes on the health and nurturing of the children.

FIVE GUIDING PRINCIPLES

In developing this plan, the Subcommittee adopted the guiding principles of the Bureau of Public Health, Maternal and Child Health (MCH) Section funded programs. This plan is based on those principles and the Subcommittee believes that all programs/efforts relating to this plan also need to apply these principles to their programs/efforts.

Family Centered Programs

The family plays the central role in the health of children. Funded programs must recognize and support the raising of children as an essential and significant task in our society. The social, economic, and health risks that teen parents, especially the mothers and their children experience, require systemic efforts that includes parents as partners. Family-centered care puts parents in the driver's seat. Families should be central participants in designing and building their own services.

State and Community Leadership

A key leadership role is to bring people together from all segments of the community: employers, hospitals, health professionals, government agencies, the media, the faith community, advocacy groups, and parents and youth in order to assure the achievement of objectives in a systemic way. Funded programs will be expected to go beyond direct service to the individual children and families in order to build and sustain effective systems of care. The goal is to assure access to services by creating and nurturing partnerships among service providers, families, and key civic and business leaders.

A Health Promotion and Resiliency Approach

Health promotion is a cornerstone of public health and prevention. Prevention is more than risk reduction. The health promotion model must address issues such as social support, decision making, self-esteem, and skill building.

Outreach and Needs Assessment

It is essential to have a needs assessment to insure that the program focuses on families of the greatest need; a determination of the most effective outreach methods including benefit counseling and referral assistance; efforts that increase volunteerism and charitable care among health care providers; mechanisms that maximize third party and other revenue sources; and measures that eliminate waste and duplication of effort.

Cultural Competence

Programs must serve all racial, ethnic, and cultural groups. They must demonstrate and sustain the knowledge and practice of cultural competence - i.e. the ability of a system, agency or individual to honor and respect the beliefs and unique needs of various racial, ethnic, cultural, and faith based groups. Projects involve ongoing evaluation, work to hire people of cultures that match with the cultures of the people they serve, seek advice from community leaders of different cultures, and develop the ability to see strengths in all people.

ASSET BUILDING AND RESILIENCY

Adolescents who are at the greatest risk to be sexually active are also the same young people who are at risk for or are already involved in other risky behaviors such as school dropout, delinquency, and substance abuse. Expanding developmental assets and resiliency factors for young people has a positive effect on all adolescent risky behaviors, including sexual activity. Positive influences such as caring families, discipline, educational commitments, social skills and other building blocks are essential for healthy development. Wisconsin's success in bringing down the adolescent pregnancy rate requires a strong emphasis on building assets and resiliency in youth.

The Search Institute of Minneapolis has measured assets in 250,000 youth across the United States. This research has identified forty assets that protect young people from a wide range of risky behaviors. The more of these assets youth have, the less likely they are to get involved in any of these behaviors. Young people with these assets are more likely to make positive choices and commitments. (See appendix for listing of Search Institute assets.)

The Search Institute has created the following major goals relative to asset building:

"To motivate and equip individuals, organizations, and their leaders to join together in nurturing competent, caring, and responsible children and adolescents:

- communities can develop and implement coordinated efforts to promote the healthy development of all children and adolescents;
- other organizations can motivate and equip schools, religious institutions, youth-serving organizations, and other institutions to develop and implement asset-building strategies;
- families can motivate and equip themselves to build developmental assets; and
- youth can be actively engaged in building assets in their own lives and the lives of their peers, and in contributing to community-wide initiatives."

Research suggests that building assets in youth is particularly important for youth who have experienced "deficits" such as negative peer pressure, stress, or abuse. While assets don't make the deficits go away, they can counterbalance the negative influence.[8]

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[8] The Search Institute, Minneapolis, Minnesota, 1996. Note: While we are using assets identified by the Search Institute, there are other effective programs that use the asset development/resiliency approach.

THE WISCONSIN PLAN TO PREVENT ADOLESCENT PREGNANCY

SECTION II: DEFINING THE ISSUES

Wisconsin continues to be a leader in positive youth development and positive youth outcomes. Based on 1995 data, there are only 6 states with lower birth rates than Wisconsin for 15-19 year olds. Wisconsin has a rate of 38 births per thousand to teen mothers in that age bracket, compared to the national rate of 54.7 per thousand for that same age group.[9] There are, however, urban and rural counties throughout Wisconsin that have alarmingly high teen and subsequent birth rates-- some higher than the national rate. For example, both Milwaukee County (with a rate of 82.4 per thousand) and Forest County (with a rate of 87.5) are more than twice the state average for teens 15-19 years of age.[10] (See appendix for listing of teen birth and pregnancy rates by county.)

In addition, Wisconsin's welfare replacement program, Wisconsin Works (W-2) strives to remove any incentives to adolescent pregnancy. The W-2 program views adolescents with children as being at risk and therefore treats them differently than adult parents with children. Under W-2, minor parents are no longer eligible for cash payments. Instead, they are eligible for case management services under both W-2 and Learnfare, a program designed to keep children of all ages in school and increase the rate of high school graduates. W-2 also encourages teen parents to remain in school by providing access to subsidized child care. Teen parents may also be eligible for Medicaid and food stamps.

Table 1. Wisconsin and United States Teen Birth Rates, 1960-1995[11]

	1960	1970	1980	1990	1991	1992	1993	1994	1995
Wisconsin	64	45	40	42	44	42	41	39	38
United States	89	68	53	60	62	61	60	59	57

[9] 1997 Centers for Disease Control and Prevention Annual Vital Statistics Report

[10] Wisconsin Department of Health and Family Services, Center for Health Statistics, Births to Teens in Wisconsin, 1995

[11] Center for Health Statistics, Births to Teens in Wisconsin, 1995

Because W-2 focuses on strengthening family responsibility and achieving financial self-sufficiency, child support plays an important role in the W-2 program. Both state law and federal regulations have strengthened child support enforcement efforts in order to provide a high rate of child support for families headed by single parents, including teens. Both W-2 and the Children First[12] initiative focus on increasing the ability of non-custodial parents to find employment in order to pay child support obligations.

CONSEQUENCES AND COSTS OF ADOLESCENT CHILDBEARING:

A 1996 comprehensive study commissioned by the Robin Hood Foundation, *Kids Having Kids*, looked at the consequences for the adolescent parents and their children. (The study focused on roughly 175,000 adolescents who had their first baby before the age of 18, and compared their outcomes with women who delayed having their first child until the age of 20 or 21. This is still two to three years younger than the national average for women having their first child.) Findings from this research follow:[13]

Consequences for Children of Adolescent Mothers

"The odds are stacked against the offspring of adolescent mothers and fathers from the moment they enter the world. As they grow, they are more likely than children of later childbearers to have health and cognitive disadvantages and to be neglected or abused. The daughters of adolescent mothers are more likely to become adolescent moms themselves, and the sons are more likely to wind up in prison."

- Children of adolescent mothers are more likely to be premature and 50% more likely to be low birth weight babies.
- As they grow, the children of adolescent mothers tend to suffer poorer health.
- They are much less likely to grow up in homes with fathers.
- Children of adolescent mothers are two to three times more likely to be runaways.
- They are far more likely to be physically abused, abandoned or neglected.
- In school, the children of adolescent mothers tend to do much worse than other students and they are far more likely to drop out.

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[12] Children Come First is a program component of W-2 for non-custodial parents who are not paying required child support. The program provides case management and services such as job training.

[13] Robin Hood Foundation, *Kids Having Kids*, 1997 (In this section, Consequences of Adolescent Childbearing, data that is not otherwise noted is from *Kids Having Kids*.)

- Daughters of adolescent mothers are 83% more likely themselves to become mothers before age 18.

- The sons of adolescent mothers are 2.7 times more likely to be incarcerated than are their peers.

Consequences for Adolescent Mothers

In absolute terms, adolescent mothers face poor life prospects.

- Adolescent mothers drop out of high school at a staggering rate and they are less likely to return to school. Only about three of 10 adolescent mothers earn a high school diploma by age 30.

- During their first 13 years of parenthood, adolescent mothers earn an average of $5,600 annually, less than half the poverty level.

- The majority of adolescent mothers live in poverty during the years their children are growing up. More than 70 percent of them end up on welfare.

- Currently, only 15 percent of never-married teen mothers are ever awarded child support, and those with court orders receive, on average, only one third of the amount originally awarded.[14]

Table 2. High School Dropout Rates[15]: Among young women who had a high school age birth (a birth within four years of eighth grade), the majority (62%) had dropped out at some point, according to analyses of the National Educational Longitudinal Study. A sizeable percentage of women (25%) dropped out prior to pregnancy, suggesting that they were already disengaged from school before they became pregnant. An additional 37% dropped out after the pregnancy, while only 38% did not drop out at any time.

	Total	Hispanics	Non-Hispanic Blacks	Non-Hispanic Whites
Did not drop out	38%	29%	46%	36%
Dropped out prior to pregnancy	25%	39%	10%	29%
Dropped out after pregnancy	37%	32%	44%	35%

[14] Congressional Budget Office, 1990

[15] National Educational Longitudinal Study

Consequences for Adolescent Fathers

- Boys are one-third as likely as girls to become adolescent parents. Men over 25 account for twice as many teen births as do boys under 18. In one fifth of the cases, they are at least six years older.[16]

- Research also suggests that the incidence of pregnancy among adolescent girls often is the result of sexually predatory behavior of older men. Although the *Kids Having Kids* scholars found that the consequences of adolescent childbearing on both young and older fathers are not as sharp as the effects on mothers and their children, they did discover some impacts, especially for younger dads.

Society, research, and individuals tend to assume that the issue of adolescent pregnancy is a female issue. This perception needs to change. Males must be held accountable and programs need to focus on males, as well as females.

- Like teenage mothers, the boys and men who father their children tend to be poor and are often continuing an intergenerational practice (many are from families who experienced teenage childbearing and welfare receipt). They tend to live in low-income communities, and have low educational achievement.[17]

- In addition, like early motherhood, early fatherhood appears to have negative consequences on future functioning, although this issue needs more study. Boys who father a child during adolescence appear to work more hours and earn more money in the first years following birth, but perhaps due to this commitment, they obtain less education, and thus have lower long-term labor market activity and earnings than their counterparts who delay parenthood.

- Adolescent fathers will finish an average of 11.3 years of school by the age of 27, compared with the nearly 13 years completed by their counterparts who delayed fathering until age 21.

- Over the 18 years following the birth of their first children, the fathers of children born to adolescent mothers earn, on average, $3,000 less per year than their counterparts.

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[16] Allan Guttmacher Institute, 1994

[17] Lerman, 1993

- While teen fathers have a dismal record of paying child support, it is estimated that they have incomes sufficient for them to contribute support at a level that would offset as much as 40 to 50 percent of the welfare costs to the adolescent mothers and their families.

Consequences for Society/Cost of Adolescent Childbearing for the Nation:

It is estimated that the annual cost of adolescent childbearing and the social problems that confront adolescent mothers and fathers and lead to the sometimes devastating outcomes for their children is about $29 billion.

- Researchers estimate that adolescent childbearing itself costs taxpayers $2.2 billion for higher public assistance benefits, $1.5 billion for increased medical care expenses, $1 billion for increased incarceration expenses, $1.3 billion for loss tax revenue and $.09 billion for increased foster care costs for a total of $6.9 billion.

If every birth to a teen mother in 1990 had been delayed until the mother was in her 20s, the federal government would have saved about $10 billion.[18]

- Social costs - Beyond taxpayer expense, another important consequence of adolescent child bearing is lost productivity. Based largely on the diversion of its resources toward the increased health care, foster care and incarceration rates associated with adolescent childbearing, researchers calculated a social cost to the nation of just under $9 billion.

FACTORS THAT HAVE BEEN LINKED TO TEEN PREGNANCY

Risk factors are the hazards or experiences that make teenagers vulnerable to risky or unhealthy behaviors, such as early, unprotected intercourse. Teens experience a variety of risk factors that can lead to pregnancy. Some of these risk factors are obvious and some are subtle. The presence of risk factors, in addition to linkages with poverty and race, do not guarantee that sexual activity will occur, but as the number of risk factors increases, so do the odds of that happening. More risk factors mean greater danger for sexual initiation and intercourse that can lead to pregnancy.

Some risk factors may be a direct result of a teenager's actions, while others are a result of a teenager's family, peer, and social environment. Families have the responsibility and the power to guide their children beginning in early childhood to help them avoid some risk factors and make healthy choices. Communities and community institutions/organizations also have an important role to play in positively affecting risk factors.

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[18] National Campaign to Prevent Teen Pregnancy, *National Campaign Key Statistics*

In the Wisconsin Family Impact Seminars Briefing Report, *Teenage Pregnancy Prevention: Programs that Work,* [19] the following factors were delineated, in no ranking order, for early predisposition to teen sexual activity:

Physical or sexual abuse: A history of physical and sexual abuse tends to lower the age of first intercourse and doubles the chances that an adolescent will be sexually active.

Single parent family: Unmarried daughters of single parents are three times more likely to give birth than counterparts living in two parent households. Divorce, the absence of a father, and the presence of a stepfather or maternal boyfriend are likely to affect early maturation and sexual activity in girls.

Permissive parental values regarding teen sexual behavior: Male and female adolescents whose parents are least strict and who believe their mother had sex before marriage are likely to have higher levels of sexual activity. Teenagers who feel a minimal amount of support for delaying sexual intercourse (from family, church, or community) are more susceptible to peer pressure.

Use of alcohol and other drugs: Drug use increases the risk that a teen will have sex before the age of 16. Teen boys who use alcohol or cigarettes are 39% and girls are 80% more likely to engage in early sex.

A history of involvement in illegal behaviors: Sexually active 15 to17-year-olds are more likely to be involved in behaviors like theft, vandalism, violence, and drug use, are more likely to be expelled or suspended from school, and are more likely to have a group of friends with more sexually permissive beliefs and behaviors.

Early puberty : Adolescents who physically mature earlier than their peers report two to three times the level of sexual activity.

A mother or female sibling that is or was a teen parent: For a girl, having a sister or mother that is or was a teen parent, increases the likelihood that she will become a teen parent herself.

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[19] Karen Bogenschneider, Assistant Professor, Child and Family Studies, UW-Madison Family Policy Specialist, Cooperative Extension, UW Extension

Limited religious affiliation: Adolescents who rarely, or do not attend organized religious services at all, tend to become sexually active at an earlier age than peers that do attend regularly.

Poor academic performance: Poor academic achievement, performance below grade level, or dropping out of school, can be predictors of sexual activity.

Poor parental communication about sex: Adolescents that have a poor history of early communication about sex with their parents will most likely have difficulty discussing it openly during the teenage years.

No hope: Females and males that have limited aspirations and see no hope in their futures are less likely to postpone sexual intercourse and more likely to not consider childbirth a disruption in their lives or plans.

Perception of peer's sexual activity: Whether it is true or not, perceiving that one's best friends are sexually active is the greatest predictor of the frequency of a teen's sexual intercourse. What teenagers believe their friends are doing (which they tend to overestimate) has greater influence than what their peers are actually doing.

Poor or no parental monitoring: Adolescents who are not closely monitored are at greater risk for early sexual activity.

Early dating: Females who date early are more likely to have their first sexual experience at a younger age. Having a steady boyfriend or girlfriend is a major influence on sexual activity despite the absence of other existing risk factors. The more adolescents date, the more likely they are to have intercourse.

A physical or mental illness: Teen depression or other mental and physical illnesses have a strong influence on sexual behavior.

Feeling differently than others or not belonging: Adolescence can be a period of insecurity and low self-esteem. If a teen feels different, based on culture, appearance, or other real or perceived reasons, s/he may become involved in risky behaviors to fit in.

Having already had a first birth: One-quarter of teen mothers have a subsequent pregnancy.

Other Risk Factors Identified by the Subcommittee

Sexual Orientation: Questions about sexual orientation can be a legitimate, though subtle, risk factor for teen pregnancy. Adolescents who question their sexual orientation may engage in heterosexual sex to "prove" to themselves or others that they are heterosexual.

Gang Activity: Gang activity, which exists in both large and small communities in Wisconsin, also plays a role in adolescent pregnancy. Because of the social hierarchy within gangs, sexual coercion is not unusual. As a means of initiation girls are sometimes forced to have sexual intercourse with gang member(s).

Subsequent pregnancies, child abuse and neglect, and sexual abuse, including statutory rape and forcible rape: There are three areas of risk that are of special concern to the Subcommittee: subsequent pregnancies; child abuse and neglect; and sexual abuse, including statutory rape and forcible rape. These areas require, and deserve, special strategies and recommendations in order to have a real impact on the reduction of adolescent pregnancies. Consequently, the Subcommittee has included recommendations specifically related to these areas of concern. (These recommendations can be found at the end of Section III.)

Seven in ten women who had sex before age 14, and six in ten of those who had sex before age 15, report having had sex involuntarily[19]

[19] AGI, *Sex and America's Teenagers*, 1994

THE WISCONSIN PLAN TO PREVENT ADOLESCENT PREGNANCY

SECTION III: TOWARD A SHARED RESPONSIBILITY FOR ADOLESCENTS - RECOMMENDATIONS

This section contains recommendations and strategies for key stakeholders in the effort to reduce adolescent pregnancy. Those stakeholders include:

Parents and Family

Youth

Schools/Education

Community Organizations/Funding Organizations

Government

Faith Based Communities

Business/Employers

Health Care Community

Media and Public Information

While there are specific strategies that each group can initiate, our ability to decrease the number of teen pregnancies depends on these various stakeholders coming together in each community to implement these recommendations. The responsibility for improving the future of Wisconsin's children belongs to all of us.

Policymakers at all levels are seriously concerned about teen pregnancy. The National Governor's Association adopted a policy paper on teen pregnancy that contains the following recommendations for states:[21]

States are increasingly realizing that to reduce teen pregnancy, they must address the complex social and economic predictors of teen pregnancy and the role of the older men who are responsible for a majority of teen births. The programs that have combined a number of these strategies and focused on mobilizing community members around the problem of teen pregnancy have shown promising results. Future state efforts to address the problem of teen pregnancy should be guided by the following principles:

- Begin prevention efforts early
- Address the risk factors
- Promote responsibility
- Encourage and support community-wide approaches to prevention
- Increase access to opportunities and services
- Engage the media

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[21] National Governors' Association, NGA Policy, HR-21. *Prevention of Teen Pregnancy*

PARENTS AND FAMILY

Families, communities, and all units of government must work together to commit the necessary time and resources to create better options for young people and to equip them to thrive as adults. The most promising approaches to teen pregnancy prevention are based on simple principles, such as giving young people a loving, stable, and safe environment; hope; a belief in themselves for the future; and the information, education, and services necessary for them to be responsible. This begins at home. Families today come in a wide variety of shapes, sizes, and configurations. Each family defines for itself its composition, its structure, and its values. A child's first and most enduring role models are found within their families.

Recommendations:

- Create and communicate high expectations for children and establish an environment where those expectations can be met.
- Establish firm, yet achievable expectations relating to discipline, academic achievement and behavior.
- Insure children are supervised at all times.
- Be actively involved in your child's education and school.
- Communicate personal and family values on sexuality and other important issues to adolescents directly and repeatedly.
- Be supportive of other parents in your community.

Suggested Strategies

- Talk to your children about your own experiences.
- Provide adult supervised constructive activities for youth.
- Assure that every adolescent has a safe supervised place to go during non-school hours.
- Hold adolescents accountable for their time and actions.
- Monitor media influences, including music, Internet, and electronic media.
- Create periodic check-ins with your adolescent during the times you may not be there to supervise.
- Establish family jobs that can be done during after-school hours, so everyone can contribute to family life.
- Teach children self-care and responsibility to help them grow into self-sufficient adults.
- Be involved in the development of the school's human growth and development curriculum.
- Know the children in your neighborhood and support their positive behaviors through actions and examples.
- Work with neighbors to plan and host block parties, yard sales, and other neighborhood-building events.

- Look for opportunities for youth service activities in the neighborhood and encourage youth to participate in them.
- Share at least one meal a day with your children. Use it as an opportunity to learn about each other.
- Encourage active involvement in organizations, teams and clubs at school, in the community, or in faith based activities.
- Be an active participant in local policy, planning, and decision making groups and organizations.
- Engage your children to do some community service work with you.
- Learn about early signs of gang involvement and talk to your children about the dangers of gangs.

Teenagers who have strong emotional attachments to their parents are much less likely to be sexually active[22]

[22] Blum, R.W.; Rinehart, P.M., *Reducing the Risk Connection That Makes a Difference in the Lives of Youth*, University of Minnesota

YOUTH

Youth have tremendous influence over other youth, and can support each other in making responsible choices. In order for teen pregnancy prevention programs to be effective, adolescents must be involved in designing, developing and implementing them.

Recommendations

- Delay sexual activity and practice abstinence, recognizing that failure to do so could result in numerous negative consequences such as pregnancy, sexually transmitted diseases, HIV/AIDS and legal problems.
- If you choose to be sexually active, use contraception consistently and correctly. Avoid unhealthy sexual behaviors.
- Refrain from using alcohol or other drugs. Not only are they illegal for youth, but they impair ability to make good decisions and can have negative effects on physical, mental, and emotional development.
- Become involved in after-school activities, youth groups, jobs, baby-sitting, sports, volunteer work, neighborhood activities and faith/value based activities.
- Talk to parents or parent figures about concerns, issues, and questions. Develop a relationship with a trusted and caring adult. Talking with adults can help provide a good perspective on daily concerns.

Suggested Strategies

- Set post-high school educational goals.
- Serve as role models and mentors for other youth.

A majority of both girls and boys who are sexually active wish they had waited. Eight in ten girls and six in ten boys say they wish they had waited until they were older to have sex.[23]

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[23] EDK Associates for Seventeen Magazine and the Ms. Foundation for Women, *Teenagers Under Pressure*, 1996.

SCHOOLS AND EDUCATION

Schools have a unique and critical role in developing productive, responsible, caring and contributing citizens because of the years of instruction and services provided to students. Schools must be places that assist all children, regardless of racial, ethnic, or cultural background, in developing the assets necessary to avoid risky, unhealthy behaviors. Schools that build these assets and promote the health and well-being of children are ones which:

- Work in partnership with the community to adopt a core set of values, such as honesty, courage, respect, responsibility, and self-control, that can inspire students to care for others and make the right decisions about their own personal growth and development;
- are safe and orderly places where rules and boundaries are known and shared, and consequences are fairly and consistently applied when violations occur;
- develop positive relationships among and between adults and youth so students feel personally known and cared for and have someone to turn to in times of struggle;
- address relevant health issues through in class instructional opportunities that provide the skills and knowledge students need to avoid risky behaviors and remain healthy; and
- develop high expectations for students and staff and provide the means to reach those expectations.

In order for schools to build these characteristics and help youth to avoid risky behaviors, they must employ multiple strategies, activities and programs that are connected and integrated. Curriculum and programs need to reflect the local community's norms and values, be culturally relevant, and assure inclusion of all students.

What follows is a list of recommendations and suggested strategies which may help schools enhance what they are already doing to prevent teen pregnancy and promote positive youth development.

Recommendations

- Provide factual and developmentally appropriate human growth and development instruction to all students designed to promote abstinence among youth and provide the knowledge and skills needed to avoid unwanted pregnancies. Sexuality education begins at home, where parents can stress their own values, sexual behavior expectations, and answer questions about sexuality. Students have the best chance to avoid pregnancy if they are taught from an accurate human growth and development curriculum at school delivered by a well-trained teacher, coupled with clear and consistent messages at home. Anatomical terminology, reproductive systems, role plays practicing refusal skills and protective behaviors, the effects of alcohol and other drugs on sexual inhibitions, and the laws that protect minors should be included at developmentally appropriate times beginning in elementary grades and must be introduced prior to adolescence to have an impact. (See appendix for Statement on Human Growth and Development Instruction.)

- Assure access to pupil services staff, i.e., school counselors, nurses, psychologists, and social workers, to provide primary prevention, early intervention, and follow-up services and instruction to students and families.
- Establish the practice and promote the image of being family-friendly and accessible to all cultures and ethnic groups. Make the school a comfortable place for families to be, a place they want to go. Offer educational opportunities to parents to help them enhance their parenting and communication skills, especially with older children and adolescents.
- Maintain and enhance the opportunities for specialized instruction and services for school age parents to help prevent subsequent pregnancies, including helping assure access to quality child care. These supports are not intended to validate or reward adolescent sexual activity but rather to help school age parents become self-sufficient adults.
- Establish and enhance working relationships with community organizations and the health care community.
- Partner with county child protection agencies to establish and maintain up-to-date policies and procedures for reporting suspected child abuse. Train educators to identify possible signs of abuse (including sexual), on mandatory abuse reporting requirements, and confidentiality.
- Promote school buildings as being accessible to the community year-round, including before and after school, evenings, weekends, and during school vacations.

Suggested Strategies

- Teach students how the media uses sexuality to promote the sale of products to adolescents.
- Use local and state data to update curriculum.
- Establish a working human growth and development (HGD) committee to review and revise HGD curriculum and instruction at least once every three years. [WI State. 118.019] Committees must include parents, teachers, administrators, students, and the medical and faith-based communities.
- Develop and implement a protective behaviors curriculum taught to all students at the elementary level. [WI State. 118.01(2)(d)(8)]
- Assist parents in developing and enhancing skills to be positive advocates for their children and other children.
- Establish peer mediators at upper elementary and middle school levels

"Programs designed to increase teenagers' knowledge about sexuality and improve access to contraception do not encourage participants to engage in sexual activity.[24]"

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[24] AGI, *Sex and American Teenagers*, 1994

and peer counselor programs at high school levels. Utilize cross-age peer education to help provide HGD instruction and promote healthy role models.

- Partner with the community to provide volunteer mentors at all levels, especially male mentors to help foster male responsibility.
- Increase access to community service learning opportunities.
- Communicate "good news" to families by using multiple and proactive communication strategies. Offer creative times for parents and caregivers to participate in conferences and parent room activities.
- Partner with community organizations to insure that organized sports and other extra-curricular activities are available for students.

COMMUNITY ORGANIZATIONS/FUNDING ORGANIZATIONS

Included in the category of community organizations are youth serving organizations, traditional adult organizations, such as the United Way, as well as community funding and planning organizations. Community organizations/funding organizations can play a key role in convening and initiating local community discussion on these issues as well as implementing and funding the recommendations and strategies. There are 17,000 youth serving groups now operating in the United States. They include such national groups as Girl Scouts, Boy Scouts, 4-H Clubs, the YMCA and the YWCA. In addition, there are adult service clubs such as the Jaycees, Optimists, Rotary and Kiwanis; sports leagues; senior citizen groups; professional groups--a host of organized community groups. For youth, many of the youth serving organizations offer just what adolescents say they want: safe havens where they can relax, be with their friends and learn useful skills in the crucial after-school, weekend, and summer hours when neither schools or parents may be available.[25]

The potential of youth organizations could be greatly enhanced with the involvement of "adult" community organizations. Communities need to work together to insure that all teenagers do well and stay in school, are safe, feel they have a value to their community, have plans for the future, and use available health services if they need them.

Recommendations:

- Local funding and planning organizations (United Ways, local foundations, etc.) can facilitate community discussion and response in order to implement and coordinate prevention and abstinence strategies.
- Increase the availability of classes in parenting that are culturally competent, especially relating to parenting older children and teenagers.
- Involve youth in community service projects.
- Seek opportunities to mentor area youth.
- Establish or become involved with the community coalitions working for youth which include community wide membership (including youth), to plan activities and address specific community needs.
- Promote and support the goals of the Governor's Volunteer Summit at the local level.
- Provide support and resources for parents.

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[25] "Beyond Rhetoric, Final Report of the National Commission on Children, 1991

Suggested Strategies

- Seek ways to get older adults involved with youth and provide intergenerational activities and opportunities.
- Create more community and family-based traditions.
- Advocate for reducing media that promotes sexually explicit advertising and merchandise promotion which targets adolescents.
- Offer transitional living programs for older homeless youth.
- Conduct ethnic festivals or community suppers that address the issue of youth and families.
- Use existing male organizations or civic groups to help mentor and counsel male youth.
- Use community buildings and grounds as public meeting places.
- Insure that pregnant and parenting teenagers develop necessary parenting and employment skills to provide for a healthy life for themselves and their families.

Adolescent development is enhanced when young people are able to assume meaningful roles and responsibilities and to contribute to the well-being of others. [26]

- Work in partnership with the schools and other community groups to adopt a core set of values, such as honesty, courage, respect, responsibility, and self-control, that can inspire students to care for others and make the right decisions about their own personal growth and development.
- Watch for early signs of gang activity and involve youth serving groups and law enforcement in coalitions to address new or existing gangs.
- Institutionalize neighborhood watches, which will include monitoring neighborhood activities that could put youth at risk.

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[26] National Commission on Children, *Beyond Rhetoric*, 1991

FAITH BASED COMMUNITY

Faith is identified as an important influence on the decisions and behaviors of teens. Faith has been cited as a reason to choose abstinence. The faith-based community provides an important arena for caring adults to create healthy routines and offer family activities for youth that are designed to reduce teen pregnancy.

Research on the effects of religion on children's day-to-day conduct suggests that teenagers who are religious are more likely to avoid high risk behaviors. [27]

Recommendations

- Provide educational opportunities for youth and parents
  - Develop, provide, and deliver an abstinence based sexuality curriculum that is meaningful to youth.
  - Offer classes in parenting that are culturally competent, especially relating to parenting older children, including teenagers.
- Join in local collaborations that support children and families.
- Provide activities for youth and families
  - Create meaningful activities for youth to reinforce healthy behaviors and attitudes.
  - Provide the space and supervision for after-school homework clubs, family centers, and multi-generation social activities
- Seek opportunities to encourage individuals to use the precepts of their faith's teaching regarding human growth and development, emphasizing respect for others and the importance of modeling appropriate behavior.

Suggested Strategies

- Offer certification or incentives for attendance at parenting and mentoring classes.
- Organize and sponsor festivals and other events for the neighborhood and community.
- Offer workshops or support groups for parents to converse with one another and share parenting experiences.
- Encourage members to serve and train as mentors to youth and families.
- Encourage ecumenical collaboration to support positive youth development.
- Design social interactions for youth groups, involving community service activities and peer involvement.
- Use facilities and grounds as community meeting places.
- Establish family resource and walk-in support centers in faith-based buildings.

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[27] National Commission on Youth, *Beyond Rhetoric*, 1991

BUSINESS AND EMPLOYERS

The business sector, including individual businesses, business associations and chambers of commerce, has much to gain by the positive development of adolescents and the reduction of adolescent pregnancy. The children of today are tomorrow's workforce. Business shares in the costs to society of adolescent pregnancy. The business sector has much to offer to aid in positive youth development and adolescent pregnancy prevention.

Recommendations

- Provide resources in partnership with the community to implement the recommendations of this plan.
- Consider the benefit of family friendly policies and practices and implement where feasible.
- Refrain from advertising messages that promote adolescent sexual activity and other high risk behaviors.
- Partner with local school districts to provide internship and career development opportunities for the community's youth.
- Join and support community initiatives that promote children and family issues.
- Participate in school-to-work transition and youth apprenticeship opportunities in the community.

Suggested Strategies

- Allow and encourage employees to serve as volunteer mentors in local youth programs.
- Provide work day flexibility and family-centered time for parents to be supportive of their children.
- Provide phone access during after school hours, allowing parents to check in on children at home.
- Offer in-house educational opportunities for staff and workers on topics such as: Risk factors and warning signs for unhealthy behaviors in adolescence; parenting young infants through adolescent ages, including asset development; and talking to children about sexuality.
- Seek opportunities to provide positive mutual relationships between local businesses that youth frequent and the youth themselves.
- Provide and promote the dissemination of information about positive youth development and adolescent pregnancy prevention to employees and customers.
- Use office and factory buildings and grounds as community meeting places and as alternative activities and sites for youth and adolescent activities.

HEALTH CARE COMMUNITY

Adequate health care and healthy behaviors are basic to every child and adolescent's development and well-being. Health promotion is a cornerstone of public health and prevention. Ongoing cooperation between families, the health care community, and other organizations is necessary to achieve adolescent access. The health care community has a unique role in prevention programs.

Recommendations

- Increase youth access to medically accurate and age-appropriate health care services and information, including developmentally and culturally appropriate outreach and services.
- Address the special health care needs of adolescents.
- Provide comprehensive prevention programs geared to the specific needs of adolescents and/or their families. These can be developed in partnership with public health, families, and other community agencies that have demonstrated success. Services need to be provided by well-trained, competent, and licensed personnel.
- Assure confidentiality in health referral and health services issues.
- Develop community partnerships to assure early identification of pregnancy and prenatal care for teens.
- Promote abstinence and, for those adolescents who are sexually active, promote consistent and correct use of contraception.
- Provide counseling, parenting skills, and on-going support for young teens who are pregnant, to avoid high rates of subsequent births.
- Partner with county child protection agencies to establish and maintain up-to-date policies and procedures for reporting suspected child abuse. Train health care providers to identify possible signs of abuse, including sexual, and on mandatory abuse reporting requirements and confidentiality.

Suggested Strategies

Establish programming for teens who go in for a pregnancy test but have a negative result. This is a prime opportunity to prevent a potential pregnancy.

- Provide information on recommended check-ups and screening, prevention, and management of disease that affect the general teenage population. This includes specific information on diseases like sexually transmitted diseases.
- Promote open and factual communication between children and parents.
- Encourage family planning providers to collaborate with prevention professionals to address the known connection between alcohol, tobacco and other drug use and sexual activity.
- Provide free pregnancy testing and care coordination for all teens.

- Offer health seminars at places of employment, churches, and other non-traditional locations.
- Conduct health information parties (vaccinations, sickle cell anemia, etc.)
- Offer financial support to help create and sustain prevention efforts in partnership with community groups.
- Display and make information available that promotes healthy lifestyles and facilitates access to service.
- Offer classes and practical information on parenting teens, for parents or guardians of teens.
- Provide trained counselors and services for teenagers who are victims of sexual abuse.
- Develop and evaluate school-based and family-based programs which emphasize abstinence or postponement strategies.
- Develop programs to provide comprehensive primary health care services where the health care needs of the population are not being met.
- Consider special barriers to health care access including transportation, lack of financial resources, school hours, and need for privacy and confidentiality.
- Educate adolescents, their families, and communities about the maintenance of their own health and the proper use of health care services.
- Provide a prevention program that includes information on how to obtain services (locations, hours, phones, etc.) and materials that are appropriate for age, sex, and educational level and are based on scientific research from a nationally known and accredited resource.
- Facilitate the dissemination of pregnancy prevention information. Every point at which a child is required either by statute, regulation or other mandate to visit a physician (or other health care provider) is an opportunity for education for the child and their parents.

MEDIA AND PUBLIC INFORMATION

The adolescent's world cannot be understood without considering the enormous power of the media, especially television, but also movies, popular music, and subtle endorsement messages. Adolescents are active and major consumers and are targeted by the advertising media. The media often portrays sexual involvement for teens as the norm. Given the strong influence of the media, there is a real opportunity to use it to our advantage in educating and influencing children and adolescents.

Recommendations

- Wisconsin public information professionals, along with business, parents, youth, and community members, should develop a message and campaign that will increase the public's awareness of teen pregnancy prevention issues so that each Wisconsin citizen understands the role they can play and what works.
- The media should support statewide and local activity focusing on family and youth development. Increase public knowledge about, and responsiveness to, risk factors that may correlate to adolescent sexual activity and adolescent out-of-wedlock births.
- Local media should focus on youth success stories and other positive youth development events in the community.
- The media should refuse ads and endorsements that are contrary to the goals of this plan.

Suggested Strategies

- Use sports and media personalities to increase awareness of teen pregnancy issues.
- Help clarify the portrayal and the difference between sex and affection.
- Use statewide media and their local affiliates to send and reinforce the message that families need to monitor the whereabouts of their children.
- Include both males and females in prevention messages.
- Use non-traditional sources to provide public information, for example, milk cartons, grocery bags, and menus at restaurants frequented by youth.

GOVERNMENT AGENCIES

Government needs to foster greater flexibility in coordinating funds for collaborative projects. Citizens and government agencies must all recognize that we have limited resources. The money and time needed to accomplish our work can only happen if we collaborate, use our current resources in smarter ways, and document results in order to continue or increase funding. For that reason, while these recommendations specifically focus on state government, they should be viewed in the context of the recommendations for community organization.

Recommendations

- The state's Interagency Prevention Coordinating Committee, in partnership with the Subcommittee on Adolescent Pregnancy Prevention, will analyze this plan with an emphasis on the recommendations. By August of 1998, the committees will develop an action plan based on this analysis and report to appropriate department secretaries and other relevant state agency heads. That report will identify what those agencies, in partnership with one another and other governmental and non-governmental organizations and systems, need to do in order to assure achievement of the goals in this plan.
- The Division of Health will insure that ongoing subsequent adolescent birth rate data is collected on a timely basis and disseminated to local agencies. In addition, local information about adolescent pregnancy rates should be publicized so the public is more aware of the magnitude of the problem in their community/area.
- The Department of Public Instruction should continue to conduct the Youth Risk Behavior Survey for adolescent behavioral data and make the findings available to local and state agencies. It should be noted that the DPI survey, which is the best available data source we have, surveys only students in the public school system.
- The state Interagency Prevention Coordinating Committee should assess data collection needs and determine if information can be collected from existing sources, and if additional data collection is needed, the best way to achieve that.
- The Wisconsin District Attorneys' Association will provide the leadership to develop a recommended policy for local District Attorneys to use in the prosecution of statutory rape and implement ongoing training for District Attorneys and other involved professionals and agencies.
- Develop additional resources for the Department of Public Instruction to provide funding and oversight to the CESAs for technical assistance and staff development in order to improve human growth and development instruction and programs, consistent with the abstinence-based local human growth and development principles and goals of this plan. (Reference Appendix for the Statement on Human Growth and Development Instruction.)
- Provide resources and technical assistance to regional consortiums, schools, and communities to establish locally determined comprehensive school health programs in order to build youth assets and reduce risk-taking behaviors.

- Evaluate the need for a toll free telephone line so that runaways and youth in crisis are able to call for assistance with total confidentiality.

Suggested Strategies

- Fund and support programs that assure parents, youth, and their families are healthy physically and emotionally.
- Require state agencies that contract for youth and parent services and prevention/intervention programs to address asset development/resiliency, with a consistent research-based message in those contracts.
- Administer and fund programs in ways that will encourage asset building and eliminate risk factors.
- Use peer or teen mentoring programs to address the risky behaviors of first-time juvenile offenders. Intense intervention may be necessary for this target population to change their patterns of behavior.
- Expand the scope of existing youth focused programs to include reduction of teen pregnancy/adolescent sexual activity as one of the issues teen leaders work to positively influence at their local schools.
- Maintain and report accurate short-term and long-term research and evaluation on adolescent pregnancy prevention efforts, including data on teen mothers and fathers.
- Provide technical assistance and encourage funding for non-traditional community partners.
- Designate and apply resources toward positive youth development opportunities in Wisconsin and increase the number of adolescents involved in these opportunities. All state-funded pregnancy prevention programs will set goals that are measurable, comprehensive, and part of a continuum of community prevention. Programs that are earmarked for teen pregnancy that can not measure their claims will not receive funding. Funders also need to recognize longitudinal commitment for a minimum 3-5 year investment.
- Improve foster parent training to better address the recognition of the signs of sexual abuse and sexual activity and how to deal with those situations.
- Recognize the need for safe out-of-home care for some teenagers.
- Train and educate professionals who work with teens, including law enforcement officials, on individual, family, and community asset development.

SPECIAL AREAS OF CONCERN

SUBSEQUENT PREGNANCIES

Of particular concern is the area of subsequent pregnancies. While Wisconsin has a low overall teen birthrate, when compared to others states, our rate of subsequent (2nd, 3rd, or 4th) births is at or above the national average. The consequences to adolescent mothers and their children increase with each subsequent birth during teen years.[28]

Rapid subsequent childbearing is not uncommon. Approximately 25% of teen mothers had a subsequent birth within 24 months of the first. And those who are at highest risk are young teenagers. Nearly one-third (31%) of the teens who first birth happened at age 16 or younger, had a closely spaced second birth.[29]

Research on the outcomes for teen mothers clearly indicates that those who have a rapid second birth have substantially poorer familial and socioeconomic outcomes than those who delay pregnancy. Recent research findings also indicate the importance of paying special attention to subsequent pregnancies. It identifies that a closely spaced second birth is more likely among teens who wanted to have a baby and who had not finished high school. That research also shows that aside from a woman's characteristics and experiences before her first birth, her experiences after that birth are an important influence on whether or not she will have a closely spaced second birth. [30]

We need to insure that adolescent mothers receive comprehensive services. Prenatal care coordination (PNCC) and school attendance/graduation both play an integral role in reducing subsequent births. Prenatal care coordination and case management are important for pregnant and parenting adolescents because they address the health care needs of the mother and infant and are an important factor in delaying subsequent pregnancies. Outcome measures for such programs and services need to include measurements of the mother's health, the infant's health, and the positive impact on delaying subsequent pregnancies. Supporting the teen's school attendance is critical for many social, economic and educational reasons. A high school diploma or a GED is the first step toward economic self-sufficiency.

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[28] Family Planning Perspectives, 26:149-153 & 159, 1994

[29] National Longitudinal Survey of Youth, 1993

[30] Debra S. Kalmuss and Pearila Brickner Namerow, Center for Population and Family Health, Columbia University, *Subsequent Childbearing Among Teenage Mothers: The Determinants of a Closely Spaced Second Birth*

Recommendations for the Prevention/Reduction of Subsequent Pregnancies

- Provide access for all pregnant teens to prenatal care coordination and case management, as well as continued support throughout the early childhood of their offspring.
- Insure access to family planning services and medical care for pregnant and parenting teens.
- Insure access to affordable childcare for teen parents with a requirement to complete high school (or an equivalency degree).
- Assure that pregnant teens and teen mothers live in safe and appropriate adult-supervised settings.
- Develop subsequent birth outcome measures for all programs serving pregnant/parenting teens.

CHILD ABUSE AND NEGLECT

Beyond sexual abuse, other forms of child abuse and neglect are a significant risk factor for female adolescent pregnancy. The risk of becoming pregnant is approximately 50% higher among high school girls who experienced abuse and neglect in their childhood.

Abused/neglected boys did not report higher rates of impregnating girls.[31] The Rochester Youth Development Study found that children who had suffered child abuse/neglect were significantly more likely to display a variety of problem behaviors during adolescence, including serious and violent delinquency, teen pregnancy, drug use, low academic achievement and mental health problems. Approximately 1 million children were found to be victims of child abuse/neglect each year from 1992 through 1995; 15 out of every thousand children were substantiated victims of child abuse. We know that the actual number of abused children is greater, but we have no way of knowing how much abuse occurs that is never reported.

All children need strong, stable families and enduring supportive relationships. But, as author Lisbeth Schorr observed, in families experiencing severe stress, love often turns into neglect, affection withers into hostility, and discipline becomes abuse.[32]

Traditionally, emphasis has been placed on reporting and intervening, rather than on preventing child abuse and neglect. More funding needs to be allocated to provide screening and developing

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[31] Juvenile Justice Bulletin, U.S. Department of Justice, 1997

[32] National Commission on Children, *Beyond Rhetoric*, 1991

resources (preferably those that begin during the prenatal period) for parents who are at risk for abusing/neglecting their children.[33]

Recommendations for the Prevention of Child Abuse and Neglect

- Promote child development and healthy family function through coordinated, community-based family support networks that offer access and referrals to a broad range of services, including health and mental health care, education, recreation, housing, parenting education and support, employment and training, and substance abuse prevention and treatment.
- Assist families and children in need in order to strengthen and preserve families that voluntarily seek help before their problems become acute. Human service programs, including health and mental health, substance abuse programs, education and economic and social supports, must collaborate to provide prevention and early intervention services that offer practical solutions to problems faced by families.
- Protect abused and neglected children through more comprehensive child protective services. This includes a strong emphasis on keeping children safe through thorough safety evaluation and implementation of safety plans. It also includes thorough family assessment and treatment planning to assure that families receive appropriate treatment and services, targeted at changing those conditions that made children unsafe. In addition, child affected by abuse or neglect must receive appropriate treatment and services targeted at alleviating the trauma and building developmental strengths and assets

SEXUAL ABUSE/STATUTORY RAPE

The connection between child abuse and neglect, especially sexual abuse and early sexual activity, frequently leading to pregnancy, is clear. The impact is devastating on our children. We must all work together to insure that the laws to protect our children are enforced. This situation has been tolerated for too long. We must send a clear message that it is unacceptable. There must be serious consequences for adult men who sexually prey on young girls. While the issue of statutory rape is a major concern, it also needs to be clearly understood that a significant number of pregnancies result from forcible rape.

- Three major studies, involving over 1,000 teenage mothers, found an alarming pattern of adult men abusing young girls:[34]
  - From one-half to two-thirds of the young mothers had been sexually molested prior to their first pregnancy; between 30% and 44% had been victims of rape or attempted rape.

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[33] Rochester Youth Development Study, 1997

[34] Kathleen Quinn, "Coalition Commentary", a publication of the Illinois Coalition Against Sexual Assault

- The average age of the girls at the time of their first unwanted sexual experience ranged from 9.7 years to 12 years.
- In over half the cases in the Washington study, the perpetrators were family members; most often stepfathers, followed by cousins, uncles, fathers, mother's boyfriends, grandfathers, brothers, and other relatives.
- Between 11% and 20% of the girls were pregnant as a direct result of rape.
- According to national data, only 29% of babies born to teen mothers are fathered by teenagers; 71% are fathered by men over 20.

- According to a Washington State study conducted in 1992, sexually abused girls are at a high risk for early sexual activity and teenage pregnancy. This study found that teen women who were victims/survivors of attempted rape or were raped began to have voluntary sexual intercourse one year earlier than teens who were not victims/survivors of sexual assault.[35]
- In Wisconsin, reported sexual assaults highlighted the following power and developmental imbalance: the average age of a sexual assault offender in Wisconsin in 1996 was 25; the average age of a sexual assault victim was 15.14 years of age.[36]

Recommendations for the Prevention Child Sexual Abuse

- Increase the awareness of teens that participate in sexual activity about the sexual assault laws. Teens who participate in sexual activity may not be aware of the legal consequences of their actions. The sexual assault laws as they apply to teenagers apply regardless of whether or not the teens are engaging in consensual sexual activity.
- Provide opportunities for training on sexual violence prevention and intervention for organizations, individuals and communities working with adolescents.
- Provide teens with information and resources for counseling and support services related to sexual violence.
- Support and work in a coordinated effort with Sexual Assault Service Provider Agencies throughout the state of Wisconsin.
- Increase the prosecutions of sexual abuse/statutory rape by local prosecutors where there is discernible victimization, exploitation and/or a "real" age difference. The appropriate state agency should develop baseline data on the current number of local prosecutions for these crimes so that progress can be monitored.

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[35] Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment, "Family Planning Perspective, 24:4, 1992.

[36] "Wisconsin Sexual Assault in 1996.

CONCLUSION

Sexually active adolescents and adolescents giving birth are of major national concern. Wisconsin is a leader in the nation both economically and socially. While Wisconsin has one of the lowest teen birth rates in the country, we recognize that the negative consequences for adolescent parents and their children are too great and too expensive to ignore.

We know that youth at risk of teen pregnancy are likely to be at risk for multiple negative behaviors and their troublesome consequences. We must look to the family structure and communities in which youth live to find our answers. The proper expenditure of prevention and early intervention dollars depends on a comprehensive strength based approach that calls on everyone committed to the success of children to develop local strategies built on a foundation of "what works." This plan focuses on three equally important key elements for all of Wisconsin's children and adolescents: health, nurturing and education. Children need their parents and communities to provide these. Through the implementation of this plan, we can be successful in reducing adolescent pregnancy, but it will take the efforts of all segments of the state and our communities working together. The Executive Committee, Subcommittee, and others who worked on this plan are committed to its successful implementation and hope everyone committed to strengthening families and their children will join in our efforts.

APPENDICES

A Town Hall Listening Sessions Pregnancy and Birth

B Search Institute 40 Developmental Assets

C Pregnancy and Birth Statistics, listed by teen age group and county

D Statement on Human Growth and Development

ADOLESCENT PREGNANCY PREVENTION TOWN HALL LISTENING SESSIONS

The State of Wisconsin's Subcommittee on Adolescent Pregnancy Prevention held listening sessions during both afternoon and evening hours in the communities around the state. These informal meetings gave residents the opportunity to say what was on their minds about teen pregnancy. Listening sessions were open to residents of all ages. Participants were also provided the opportunity to submit their thoughts in writing.

Meetings were held in:

Rhinelander
Green Bay
Eau Claire
Rice Lake
Milwaukee - both the North and South Sides
Madison
Sturtevant
Racine
Orfordville

Attendees were asked to respond to the following questions:

1) Do you believe teen pregnancy is a problem in your area?
2) How can we reduce the risk of pregnancy for teenagers?

Following are issues/comments that emerged at the meetings:

- Kids are at risk-- Pregnancy is a symptom of poverty, race, sexual abuse and other social problems.

- Not all kids are going to be abstinent and kids need access to contraceptives if they to choose to be sexually active.

- More parenting education is needed, especially about parenting teens. Parents and children need to learn to communicate with each other. Parents need to know where their kids are and they need to have rules.

- There is a need for comprehensive curriculums based on research. Teens need accurate information. They are not stupid.

Comments from Town Hall Listening Sessions (cont'd)

- Alcohol is a major contributing factor to lowering sexual inhibitions.
- More peer, cross-generational, and mentor counseling is needed. Kids need role models, people they want to be like.
- We are missing the males.
- Media gives the message that sexual behavior is the norm.
- The cycle will continue, if we do not intervene at the earliest possible point. Family patterns repeat themselves-- teen mothers frequently are the daughters of teen mothers.
- More youth activities need to be provided.
- Frequently older males are the fathers of children born to teen mothers.
- Programs need to focus on the good in kids and on their strengths and abilities.
- We have not changed kids ideas that sexual involvement should be postponed.
- Teenagers do not have easy access to confidential medical services. Condoms need to be accessible to teenagers, because they are having sex and without condoms; they will have unsafe sex
- Most teens are not promiscuous
- Girls that grow up poor and abused have very little hope.

Search Institute Forty Developmental Assets

In 1990, the Institute identified 30 external and internal "developmental assets" Extensive research led the Search Institute to identify the essential building blocks of adolescent that all youth need to grow up healthy, competent, competent and caring. Through experience, ongoing examination of youth development literature, and conversations with practitioners and other experts, the Institute has refined and strengthened the asset framework. In 1996, the Institute released studies of youth in two communities-- Minneapolis and Albuquerque-- that measure an expanded framework of 40 assets.

EXTERNAL ASSETS

SUPPORT

1 **Family Support** - Family life provides high levels of love and support.
2 **Positive family communication** - Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s)
3 **Other Adult relationships** - Young person receives support from three or more nonparent adults.
4 **Caring neighborhood** - Young person experiences caring neighbors.
5 **Caring school climate** - School provides a caring, encouraging environment.
6 **Parent involvement in schooling** - Parent(s) are actively involved in helping young person succeed in school.

EMPOWERMENT

7 **Community values youth** - Young person perceives that adults in the community value youth.
8 **Youth as resources** - Young people are given useful roles in the community.
9 **Service to others** - Young person serves in the community one hour or more per week.
10 **Safety** - Young person feels safe at home, at school, and in the neighborhood.

BOUNDARIES AND EXPECTATIONS

11 **Family boundaries** - Family has clear rules and consequences, and monitors the young person's whereabouts.
12 **School boundaries** - School provides clear rules and consequences.
13 **Neighborhood boundaries** - Neighbors take responsibility for monitoring young people's behavior.
14 **Adult role models** - Parent(s) and other adults model positive, responsible behavior.
15 **Positive peer influence** - Young person's best friends model responsible behavior.
16 **High expectations** - Both parent(s) and teachers encourage the young person to do well.

CONSTRUCTIVE USE OF TIME

17 **Creative activities** - Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18 **Youth programs** - Young person spends three or more hours per week in sports clubs, or organizations at school and/or in community organizations.
19 **Religious community** - Young person spends one hour or more per week in activities in a religious institution.

20 **Time at home** - Young person is out with friends "with nothing special to do" two or fewer nights per week.

INTERNAL ASSETS

COMMITMENT TO LEARNING

21 **Achievement motivation** - Young person is motivated to do well in school.
22 **School engagement** - Young person is actively engaged in learning.
23 **Homework** - Young person reports doing at least one hour of homework every school day.
24 **Bonding to school** - Young person cares about his or her school.
25 **Reading for pleasure** - Young person reads for pleasure three or more hours per week.

POSITIVE VALUES

26 **Caring** - Young person places high value on helping other people.
27 **Equality and social justice** - Young person places high value on promoting equality and reducing hunger and poverty.
28 **Integrity** - Young person acts on convictions and stands up for her or his beliefs.
29 **Honesty**- Young person tells the truth even when it is not easy.
30 **Responsibility** - Young person accepts and takes personal responsibility.
31 **Restraint** - Young person believes it is important not to be sexually active or to use alcohol or other drugs.

SOCIAL COMPETENCIES

32 **Planning and decision-making** - Young person knows how to plan ahead and make choices.
33 **Interpersonal competence** - Young person has empathy, sensitivity, and friendship skills.
34 **Cultural competence** - Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35 **Resistance skills** - Young person can resist negative peer pressure and dangerous situations.
36 **Peaceful conflict resolution** - Young person seeks to resolve conflict non-violently.

POSITIVE IDENTITY

37 **Personal control** - Young person feels he or she has control over "things that happen to me."
38 **Self-esteem** - Young person reports having high self-esteem.
39 **Sense of purpose** - Young person reports "my life has a purpose."
40 **Positive view of personal failure** - young person is optimistic about her or his personal future.

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Table 10. Teen Birth Rates and Pregnancy Rates by Teen Age Group and county of Resident, 1995

County	Teen Birth Rate			Pregnancy Rate		
	<18	18-19	<20	15-17	18-19	<20
Total	**24.1**	**62.7**	**38.8**	**32.1**	**80.8**	**50.7**
Adams	--	--	55.3	--	100.0	57.4
Ashland	--	--	34.4	--	--	34.4
Barron	27.8	79.3	47.1	27.8	79.3	47.1
Bayfield	--	--	40.8	--	--	40.8
Brown	19.1	55.1	33.0	26.4	77.0	46.0
Buffalo	--	--	--	--	--	--
Burnett	--	--	--	--	--	--
Calumet	--	40.0	17.0	--	54.0	27.7
Chippewa	15.7	60.3	32.0	15.7	60.3	32.0
Clark	--	50.0	25.6	--	50.0	26.4
Columbia	--	55.4	29.9	26.5	73.8	44.9
Crawford	--	--	33.3	--	--	33.3
Dane	13.2	35.2	21.5	28.7	68.1	43.5
Dodge	17.2	45.2	27.7	23.0	61.5	37.4
Door	--	--	--	--	--	--
Douglas	--	77.0	43.0	--	78.7	43.7
Dunn	--	34.8	19.5	--	34.8	19.5
Eau Claire	13.8	36.5	22.3	13.8	36.5	22.3
Florence	--	--	--	--	--	--
Fond du Lac	17.5	53.0	30.8	23.3	62.7	38.1
Forest	--	200.0	87.5	--	200.0	87.5
Grant	--	50.6	23.6	--	50.6	23.6
Green	--	53.5	24.1	--	72.1	35.3
Green Lake	--	--	31.9	--	--	31.9
Iowa	--	--	--	--	--	--
Iron	--	--	--	--	--	--
Jackson	--	--	40.6	--	--	40.6
Jefferson	--	42.7	22.2	18.3	58.2	34.1
Juneau	--	90.0	49.4	--	90.0	49.4
Kenosha	36.2	88.2	55.7	46.6	112.9	71.4
Kewaunee	--	--	--	--	--	--
La Crosse	11.5	36.0	21.0	16.2	56.6	31.8
Lafayette	--	--	--	--	--	--
Langlade	--	--	40.8	--	--	40.8
Lincoln	--	78.4	35.2	--	78.4	35.2
Manitowoc	12.9	43.7	25.3	18.0	52.1	31.6
Marathon	15.8	48.9	28.5	22.5	69.3	40.4
Marinette	--	50.0	30.9	25.5	60.3	38.8
Marquette	--	--	--	--	--	--
Menominee	--	--	--	--	--	--
Milwaukee	60.9	117.9	82.4	77.4	156.8	107.4
Monroe	--	92.5	48.6	--	92.5	48.6

Birth to Teens in Wisconsin, 1995, Bureau of Public Health

Table 10. Teen Birth Rates and Pregnancy Rates by Teen Age Group and county of Resident, 1995

County	Teen Birth Rate <18	Teen Birth Rate 18-19	Teen Birth Rate <20	Pregnancy Rate 15-17	Pregnancy Rate 18-19	Pregnancy Rate <20
Oconto	--	50.0	35.1	--	50.0	35.1
Oneida	--	--	--	--	--	--
Outagamie	13.1	43.5	24.6	19.9	57.5	34.2
Ozaukee	--	20.2	10.0	--	44.4	24.2
Pepin	--	--	--	--	--	--
Pierce	--	36.7	18.4	--	36.7	18.4
Polk	--	52.1	32.6	--	52.1	32.6
Portage	13.1	26.5	18.2	18.6	38.9	26.4
Price	--	95.7	39.7	--	95.7	39.7
Racine	36.5	83.1	54.3	46.9	109.6	70.9
Richland	--	--	41.3	--	--	41.3
Rock	27.8	75.4	46.2	42.1	101.5	65.1
Rusk	--	108.7	59.3	--	108.7	59.3
St. Croix	--	38.4	19.6	--	38.4	20.1
Sauk	--	60.3	32.0	27.1	79.4	47.4
Sawyer	--	--	48.0	--	--	50.0
Shawano	--	76.5	38.5	--	76.5	38.5
Sheboygan	16.8	63.8	35.4	22.4	78.9	44.8
Taylor	--	--	27.4	--	--	27.4
Trempealeau	--	76.5	34.5	--	76.5	34.5
Vernon	--	--	21.3	--	--	21.3
Vilas	--	--	57.1	--	--	57.1
Walworth	15.9	59.0	32.0	23.9	81.9	45.6
Washburn	--	--	--	--	--	--
Washington	9.9	31.3	17.9	18.9	44.2	28.5
Waukesha	9.1	27.0	16.1	15.4	40.1	25.1
Waupaca	18.0	80.6	42.6	18.0	80.6	42.6
Waushara	--	92.9	53.5	--	92.9	53.5
Winnebago	14.4	49.7	27.6	23.3	69.6	40.5
Wood	16.7	53.7	30.9	16.7	53.7	30.9

Sources: Wisconsin Center for Health Statistics population estimates; *Wisconsin Births and Infant Deaths, 1995;* and *Reported Induced Abortions in Wisconsin, 1995.*

Notes: A birth rate is not calculated when there are fewer than 20 live births for an age group in a county; this is indicated with a dash (--). Rates are per 1,000 females in that age group. The teen birth rate and the age-specific birth rate for mothers <18 include live births to mothers below age 15.

$$\text{Teen Birth Rate} = 1{,}000 \times \frac{\text{No. of resident live births to mothers <20}}{\text{No. of females 15-19}}$$

$$\text{<18 Birth Rate} = 1{,}000 \times \frac{\text{No. of resident live births to mothers <18}}{\text{No. of females 15-17}}$$

The pregnancy rate is an estimate based on the number of live births, reported fetal deaths (see Technical Notes), and reported induced abortions. This underestimates the actual number of pregnancies because it does not include many miscarriages. Pregnancies from border counties may also be underestimated because of limited reporting by out-of-state facilities.

Statement on Human Growth and Development Instruction
Appendix to
Brighter Futures: The Wisconsin Plan to Prevent Adolescent Pregnancy
1998

Wisconsin Statute 118.019 encourages all school boards to provide students in grades Kindergarten to 12 with human growth and development instruction. The purpose is "to promote accurate and comprehensive knowledge in this area and responsible decision making and to support and enhance the efforts of parents to provide moral guidance to their children." Suggested areas of instruction are listed below. Phrases in brackets are added for clarity.

1. social skill development such as assertiveness, responsible decision-making and personal responsibility;
2. interpersonal relationships [including dating]
3. discouragement of adolescent sexual activity [and promotion of an abstinent lifestyle];
4. family life skills and skills required of a parent;
5. human sexuality;
6. reproduction;
7. contraception, including natural family planning;
8. human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) [and other sexually transmitted diseases (STDs)];
9. prenatal development;
10. childbirth;
11. adoption;
12. available prenatal and postnatal support;
13. male responsibility;
14. sex stereotypes;
15. protective behavior [to prevent sexual abuse/assault, including date rape]; and
16. accurate information concerning the number of youth actually engaging in youth risk behaviors.

If provided, human growth and development instruction must provide information appropriate to each grade level and the age and maturity of the students. The curriculum may be part of distinct course or may be integrated and connected across subjects, e.g., Health, Family and Consumer Education, Developmental Guidance, Science, Social Studies, and other subjects.

Parents have the right to 1) review all human growth and development materials and 2) exempt their children from parts or all of human growth and development instruction.

Any school district that offers human growth and development instruction must convene a committee appointed by the school board to review the design and implementation of the curriculum at least every three years. The advisory committee must consist of the following types of people: parents, teachers, school administrators, pupils, health care professionals, members of the clergy, and other residents of the school district. It is recommended that this committee represent a cross section of opinions from the community and use, to the extent possible, a consensus decision-making model. This may increase the likelihood the resulting recommendations to the school board from the committee will be accepted without controversy from school board members or the community.

Consistent with this statute, the State Pregnancy Prevention Plan recommends that human growth and development instruction should stress that abstinence from sexual intercourse is the expected norm for students, much like schools expect students to refrain from use of alcohol and tobacco. Wisconsin law considers sexual contact with a person under the age of 16 years to be a felony [WI Stat. 948.02] and sexual intercourse with a person 16 or 17 years old to be a misdemeanor [WI Stat. 948.09]. There should be a clear and strong message that the decision whether or not to be sexually active is an adult one to be made when an individual is fully cognizant of the social, emotional, and physical consequences of this decision.

At the same time, the vast majority of students in school will eventually, as adults, become parents and will benefit from accurate information on family planning. In addition, the past and current rates of adolescent pregnancy, abortion, and infection from sexually transmitted diseases (STDs) leads us to believe that despite our best efforts, some young people will continue to choose to be sexually active and may experience adverse, life-altering and even life-threatening consequences.

As a result, it is also a recommendation that human growth and development instruction provide accurate and reliable information regarding the various methods of contraceptives, including their advantages and limitations, especially in relation to prevention of pregnancy and STDs. Additionally, teachers should inform students how to obtain additional information and services within the school and the greater community, should they choose to pursue them.

Teachers should have the appropriate training and necessary comfort level with the subject matter to provide human growth and development instruction. Ongoing staff development is necessary to maintain and enhance teachers' instructional skills.

It is critical that the human growth and development curriculum and instruction reflect the values and norms of the local community. Human growth and development committees may wish to survey parents to help determine what topics listed above should be addressed at what grade level(s). This step will help the committee to develop a curriculum and plan for instruction which will reflect the opinions of the majority of parents.

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